FILED

# UNITED STATES BANKRUPTCY COURT JUL -6 PM 12: 25 EASTERN DISTRICT OF MICHIGAN.S. BANKRUPTCY COURT E.D. MICHIGAN-DETROIT

In re:

DCT, Inc.

Case No. 02-43666-SWR

Chapter 7

#### APPLICATION FOR PAYMENT FROM UNCLAIMED FUNDS

The undersigned, Keys Research, applies to the Bankruptcy Court for the Eastern District of Michigan for entry of an order directing the Clerk of the Court to remit to the applicant the sum of \$14,053.20, said funds having been deposited into the Treasury of the United States pursuant to an order of the Court as unclaimed funds for creditor Brothers Industries Corporation. The applicant further states that:

1.	(Indicate or	ne of the following)
		Applicant is the creditor named in the above case and states that no other application fro this claim has been submitted by or at the request of the creditor.
	<u>_X</u> _	Applicant is the duly authorized representative for the business or corporation named as the creditor. Applicant has reviewed all records of the creditor and states that no other application for this claim has been submitted by or at the request of this creditor. An Affidavit of Creditor is attached and made part of this application.
		Applicant is either a family member of the deceased creditor or a successor in interest to the individual or business named as the creditor. An original "power of attorney" conforming to the official Bankruptcy Form and/or other supporting documents which the applicants' entitlement to this claim is attached and made part of this application.

Applicant has made sufficient inquiry and has no knowledge that this claim has been
previously paid, that any other application for this claim is currently pending before
this court, or that any party other than the applicant is entitled to submit an application
for this claim.

#### Page 2 of 2

Application for Payment from Unclaimed Funds

Respectfully	submitted this	1⁵≀ day	of	July,	2009
					$\sim 1$

Brothers Industries Corporation

Name of creditor

Signature of Applicant

Charlene J. Keys
Name and Title of Applicant

Keys Research
Company Name

23630 SE 440<sup>th</sup> Street

Street Address

Enumclaw WA 98022

City and State

360-825-7300

Telephone Number

61-1264203

Tax Identification

XXX-XX-

Social Security Number

589 Claim Number

#### **UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN**

Case No. 02-43666-SWR

In re:

DCT, Inc.	Case No.	02-43666-SWR
	Chapter	7
ORDER FOR PAYME	NT OF LINCLAIM!	ED FUNDS
ORDER FOR FATME	N O ONOLAIM	ED I ONDO
Upon application and in accordance	e with the provision	ons of 28 U.S.C. § 20242, that
following a review of the sufficiency of the	Affidavit of Claima	ant information that the claimant
is properly entitled to said funds, and th	nat the U.S. Attor	ney for the Eastern District of
Michigan was provided a copy of this applic	cation with a proof	of service to the application.
IT IS ORDERED that the Clerk of th	ne U.S. Bankruptcy	Court remit to:
m to one and and one were	,	
Brothers Industries Corporation,c/o of Keys	Research, 23630	SE 440 <sup>th</sup> Street,
Enumclaw WA 98022, the sum of \$14,053.	20 of unclaimed fu	nds held in the U.S. Treasury.
	United States Ba	nkruptcy Judge
	Dated:	
Katherine B. Gullo, Clerk U.S. Bankruptcy Court		
By: Deputy Clerk		

#### UNITED STATES BANKRUPTCY COURT **EASTERN DISTRICT OF MICHIGAN**

In re:

DCT, Inc.

Case No. 02-43666-SWR

Chapter

7

#### **PROOF OF SERVICE**

I, the undersigned, hereby certify that on the 1st day of July, 2009, a copy of the Application for Payment From Unclaimed Funds by Keys Research was served on the United States Attorney for the Eastern District of Michigan at the following address:

> U.S. Attorney for the Eastern District of Michigan Attn: Michael Wicks, Civil Division-Financial Litigation 211 West Fort Street, Suite 2001 Detroit MI 48226-3211

Dated: July 1, 2009

#### UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

IN RE:	
DCT, Inc.	Case No. 02-43666-SWR Honorable Steven W. Rhodes Chapter 7

#### NOTICE OF UNCLAIMED DIVIDENDS

#### TO THE CLERK OF THE COURT:

The enclosed check in the amount of \$79,986.75 represents the total sum of unclaimed dividends in this estates bank account and is paid to the Court pursuant to 11 U.S.C. Section 347(a). The name and address of the Parties entitled to these dividends is as follows:

Creditor Name	Claim No.	Amount of Dividend
Brian Dunn 13145 Julius Warren, MI 48089	795	\$ 1,240.00
Bart Karpinski 5269 Vincent Trail Shelby Township, MI 48316	32	\$ 6.30
Andrew J. Basgall 1129 Heather Heath Drive Howell, MI 48843	43	\$ 82.61
Jessie Walden 33003 Farmbrook Lenox, MI 48048	52	\$ 179.73
Mark Harper 721 Starfield Drive Pickney, MI 48169	143	\$ 202.79
Mark A. Patrick 23591 Lauren Warren, MI 48089	154	\$ 202.93

Phalanx Inc 15895 Sturgeon Roseville, MI 48066	574	\$ 1	3,197.53
Focal Technologies, Inc 40 Thornhill Drive Unit 7 Dartmouth, Nova Scotia B3B	580	\$	562.86
Modern Plastics 32471 Industrial Drive Madison Heights, MI 48071	586	\$	910.89
Brothers Industries 32471 Industrial Drive Madison Heights, MI 48071	589	\$14	4,053.20
G/S Software Solutions 3290 West Big Beaver Road Suite 200 Troy, MI 48084	592	\$	70 <b>9</b> .79
Joseph Sadowski 39215 Cadborough Drive Clinton Township, MI 48038	616	\$	357.48
Skill Tool & Die Attn: John Kun 16151 Puritas Avenue Cleveland, OH 44135	628	\$	475.91
Gary Michels 11754 Lutz Warren, MI 48093	644	\$	236.58
Joseph Pal 19988 Voiland Roseville, MI 48066	651	\$	234.63
Michael Heinz 33205 Westlake Road Sterling Heights, MI 48312	663	\$	156.47
Eugene W. Kacanowski, Jr. 32640 Beacon Lane Fraser, MI 48026	719	\$	252.71

02-43666-swr Doc 1346 Filed 04/13/09 Entered 04/13/09 14:18:29 Page 5 of 6 02-43666-swr Doc 1352 Filed 07/06/09 Entered 07/16/09 09:31:45 Page 6 of 19

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN

IN RE:			*		
DC	Γ, inc.		*	Case No 02-43666-S	WR
		Dalatan(a)	*	Chapter 7	
•		Debtor(s)			
	4	AFFIDAVI7	Γ OF CLAIM	ANT	
<i>i</i> .	Mark	1) At	_		
undersigned of	claimant in the abo	ve referenced case	ત્ર declares as f	_, of Brothers Industries ( ollows:	Corporation, the
Keys Res Agent Authori	search, 23630 SE 4 zation by me to su er <u>589</u> in the amou	440 <sup>th</sup> Street, Enumo bmit an Application	claw, WA 9802 for Payment t	22 (360) 825-7300, has b from Unclaimed Funds se ers Industries Corporatio	eking a payment
2. My na	ame, address and	telephone number	are as follows	;	
	N	JAPK ST	A DEIS	Partner	
Na	ame and Title	1/10/C 5/1	1		·
<del>_</del>		6933 N	It. Vein	on	
Ac	ddress C	helby Twy	a Mu	1 40211	
Ci	tv. State. Zip Code	, ,		1 /0 3/0	
	2	48.830-	6530		
Ph	none	100			
listed on the T Agent Authoriz Certificate of A 4. I, remittance for	rustees Report of Station, Picture ID, Authority  Mand O.	32471 Industrial Dri Affidavit of Claiman Lugur El contracted with a	ive, Madison I t, W-9 form, A	ne amount of \$14,053.20 Heights, MI 48071. Also i  Iffidavit of Previous Addre  have neither previously other than the person ne	ncluded is the ess and Officers
(1) above to re					
	i declare under p	enalty of perjury the	at the foregoir	ng copy is true and correct /	rt.
Dated:	4/22/19		<u> </u>	aren A Hinge	)
Sworn to and	Subscribed before	me this <u>JA</u>	day of	ne	, 2009.
NOTARY PUE	ant 4 Michigan	rizo	31	(NBlary Seal)	<b>TZE</b>
	W.	-1,-1		Motary Public, State or County of Maco	
My Commissio	on expires	115/12	•	Acting in the County of	May 15, 2012
02-43666-s	wr Doc 1352	Filed 07/06/09	Entered (	07/16/09 09:31:45	age 7 of 19

AGENT AUTHORIZATION					
and in my name, place and stead	of Brothers Industries Corporation (Company) hereby grant to Charlene J. Keys dba Keys Research, (the "Agent"), the Company's true and lawful Agent for it and in my name, place and stead, giving unto my Agent full power to do and perform all and every act that I may legally do through an Agent, for the following limited purpose and for no other:				
		aimed funds in the total amo on fee, to the signatory belo			
The Company does hereby grant for which this Agent Authorization		wer necessary to carry out th	ne limited purposes		
The Company does state under p support of this claim are true and la			uments provided in		
The rights, powers, and authority effect from the date I sign this Age in full force and effect thereafter up Authorization does hereby annul, privileges set forth in any previous DATED_6-23-09	ent Authorization an ntil revoked in writin , cancel, revoke, a	d such rights, powers, and au g or until funds are collected. nd terminate all rights, powe	thority shall remain This duly executed		
CORPORATE SEAL	TAX ID Number	38-208-99	99		
	The Corporate se	e signed if Corporate Seal is used for this Corporation is not as	/ailable.		
	Dated 6-33-07	Signed Mach	ipsex		
	NOTARY ACKNO	VLEDGMENT	•••••		
state Michyan, county	State Michyan , County of June 09 , by the Individual(s) described above and holding the position designated in this instrument, and who has appeared before me to				
ACKNOWLEDGED before me on the position design of the position design of the execution thereo	this date <u>Ja Ju</u> signated in this instr f to be of his/her fre	wolf by the Individument, and who has appeared act and deed.	ual(s) described I before me to		

Notary Public, State of Michigan
County of Macomb
My Commission Expires May 15, 2012
Acting in the County of

My commission expires on  $\frac{5/15}{1}$ 

Doc 1352 Filed 07/06/09 Entered 07/16/09 09:31:45 Page 8 of 19

#### **AFFIDAVIT OF PREVIOUS ADDRESS**

$\mathcal{M}$ / $\mathcal{M}$				
BE IT ACKNOWLEDGED, that I, Mach Stapes of Brothers				
Industries Corporation, the undersigned deponent, belonging to the legal age, do hereby				
depose and say under the pains and penalties of perjury as follows:				
That, I was/am the <u>Shore holder &amp; Partnel</u> of Brothers Industries Corporation. My responsibilities include, but are not limited to, the recovery and/or collection of outstanding checks and receivables for Brothers Industries Corporation and its subsidiaries, affiliates and acquisitions. Brothers Industries Corporation and its subsidiaries, affiliates and acquisitions may have numerous branch addresses, business locations, and payment centers, the addresses of which have changed, and/or been eliminated over time.				
For this reason, it is overly burdensome, and may be impossible, to provide documentation to verify the specific address of record.				
I affirm the foregoing is true under penalty of perjury this 22 day of 5 ume, 2009.  Signed: Mark Harry				
**************************************				
NOTARY ACKNOWLEDGMENT				
State of Michigan County of Office ACKNOWLEDGED before me on this date 24 from 09, by the individual(s) described in [and holding the position designated] in this instrument, appeared before me and acknowledged the execution thereof to be his/her free act and deed.				
Notary Public  KAREN A. HINTZE  Notary Public, State of Michigan  County of Macomb  My Commission Expires May 15, 2012  Acting in the County of All 16, 2012				

02-43666-swr Doc 1352 Filed 07/06/09 Entered 07/16/09 09:31:45 Page 9 of 19

#### OFFICER'S CERTIFICATE OF AUTHORITY

This affirmation certifies that	K D. Stapels (signer
on the Agent Authorization) is the $\frac{1}{2}$	ce President of Brothers
Industries Corporation and as such is autho	rized to execute and deliver all documents
pertaining to the recovery of abandoned or un	claimed property owing to Brothers Industries
Corporation.	
Signed: <u>Sugary</u> Stapes	(Must be signed by an Officer other than the signer on the Agent Authorization)
Title: Partner-Preside	Affix
Address:	Corporate
	Seal
PLEASE NOTE: Another corporate office must sign this document.	r other than signator on Agent Authorization
NOTARY ACK	NOWLEDGMENT
State of Michigan, County of About State of Michigan, County of Michigan State of the Gorphoration power in it's behalf.	Acknowledged before me on who says that he/she is hamed above and is authorized to execute this
Date: 424/09 Notary-Publ My commiss	77 -10
M AC	KAREN A. HINTZE  Notary Public, State of Michigan  County of Macomb  y Commission Expires May 15, 2012  ting in the County of

02-43566-swr Doc 1352 Filed 07/06/09 Entered 07/16/09 09:31:45 Page 10 of 19

### (Rev. October 2007) Department of the Treasury

#### Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

internal	Hevenue Service			<del></del>			
2.	Name (as shown on your income tax return)						
on page	Business name, if different from above Brothers Industries						
Print or type Instructions	Check appropriate box: Individual/Sole proprietor Corporation Partnership Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=p	artnership) 🕨		Exempt payee			
Print or type See Specific Instructions	Other (see instructions) ►  Address (number, street, and apt. or suite no.)  56933 MH Vol non  Requester's		s name and add	lress (optional)			
Speci	City, state, and ZIP codes helby Twp. Mich						
See	List account number(s) here (optional) 48 3/6						
Par	Taxpayer Identification Number (TIN)						
backu alien.	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 p withholding. For individuals, this is your social security number (SSN). However, for a resole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entity amployer identification number (EIN). If you do not have a number, see How to get a TIN o	esident ties, it is	Social security	or			
	If the account is in more than one name, see the chart on page 4 for guidelines on whose or to enter.	e	Employer Iden	tification number 4			
Part	Il Certification						
	penalties of perjury, I certify that:						
	e number shown on this form is my correct taxpayer identification number (or I am waiting						
Re <sup>o</sup>	2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and						
	m a U.S. citizen or other U.S. person (defined below).						
withhole For mo arrange	cation instructions. You must cross out item 2 above if you have been notified by the IR Iding because you have failed to report all interest and dividends on your tax return. For rortgage interest paid, acquisition or abandonment of secured property, cancellation of determent (IRA), and generally, payments other than interest and dividends, you are not require your correct TIN. See the instructions on page 4.	real estate tr ot, contributi	ansactions, it ions to an indi	em 2 does not apply. ividual retirement			
Sign Here	Signature of Wash O Kurin C	Date ▶ .	6-19-	09			
	Definition of a U.S.	Spereon	For federal i	av nurnoses voluare			

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section)

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,

Form W-9 (Rev. 10-2007)

### (Profit Domestic Corporation)

## ARTICLES OF INCORPORATION

ng

	ADTIOTE	Carry Carry	•
_	ARTICLE I	* :	
The name of the corporation is _BRO	THERS INDUSTR	IES, Inc.	<del></del>
**************************************			
	ARTICLE H.		
The purpose or purposes for which t within the purposes for which corporat Act of Michigan.	he corporation is o tions may be organ	rganized is to enga ized under the Bus	ge in any activit iness Corporation
<b>V</b> .	•		
	İ		
	•		
	•		
•			
			:
		-	
A	RTICLE III.		·
(Use the following if the s	hares are to consis	t of one class only.	)
The total authorized capital stock is:			
(1) Common shares 50,000,00 (No. of Shr. s)	Par Value	\$1.00	per share
R (2) Common shares(No. of Shares)	without p	ar value.	
(3) A statement of all or any of the ares is as follows:	e relative rights, p	references and lim	itations of the

#### ARTICLE IV.

	<del>-</del>	nares are to be divided into two or more c	lasses.)
The	total authorized capital stoc	k is:	,
(1)	Preferred shs.	Par value \$Par value \$	per share
and/i		no par value.	
(3)		f the relative rights, preferences and limita	tions of the shares
	,		
		:	
		ARTICLE V.	·
Th	e address of the initial regis	tered office is:	_
8056	9 Mile Rd., Warren,	, Michigan , Mishiga	48089 (Ziu Code)
	(No. and Street)	(IDM ST CES)	
Th	e mailing address of the in	itial registered office is (need not be com	pleted unless dif-
Th feren	e mailing address of the interference the above address):	itial registered office is (need not be com	apleted unless dif-
feren	te mailing address of the interest that the above address):  (No. and Street)	itial registered office is (need not be com	(Zi <sub>2</sub> : Code)
feren	te mailing address of the interest that the above address):  (No. and Street)	(Town or Chy)  Michigan  A agent at the registered office is:	(Zi <sub>2</sub> : Code)
feren	(No. and Street)  te name of the initial residen	itial registered office is (need not be com	(Zi <sub>2</sub> : Code)
feren	te mailing address of the interest that the above address):  (No. and Street)	itial registered office is (need not be com	(Zi <sub>2</sub> : Code)
feren	(No. and Street)  te name of the initial residen	itial registered office is (need not be com	(Zi <sub>2</sub> : Code)
Th	(No. and Street)  the name of the initial residence of the initial resi	nt agent at the registered office is:  ARTICLE VI.	(Zi <sub>2</sub> : Code)
Th	(No. and Street)  the name of the initial residence of the initial resi	nt agent at the registered office is:	(Zig Code)
The Gree	(No. and Street)  the name of the initial residence of the initial residence of the initial residence of the name of the initial residence of the initial residence of the name of the initial residence of the initial residence of the name of the initial residence of the initial residen	ARTICLE VI.  ARTICLE VI.  Residence or Business Address	(Zip Code)
The Green	(No. and Street)  the name of the initial residence name(s) and address(es)  Name  Stapels	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Address Add	ess Mich
The Gress Gress	ie mailing address of the interferent the above address):  (No. and Street)  ie name of the initial residence of the init	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Address Add	ess emens, Mich.
The Gress Gress	ie mailing address of the interferent the above address):  (No. and Street)  ie name of the initial residence of the init	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Address Add	ess emens, Mich.
The Gress Gress	ie mailing address of the interferent the above address):  (No. and Street)  ie name of the initial residence of the init	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Address Add	ess emens, Mich.
The Gress Davi	ie mailing address of the interferent the above address):  (No. and Street)  ie name of the initial residence of the init	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Addressidence or Busi	ess emens, Mich.
The Gress Davi	(No. and Street)  the name of the initial residence name(s) and address(es)  the name(s) and address(es)  Name  Stapels  cory Stapels  d Stapels	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Addressidence or Busi	ess emens, Mich.
The Gress Davi	(No. and Street)  the name of the initial residence name(s) and address(es)  the name(s) and address(es)  Name  Stapels  cory Stapels  d Stapels	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Addressidence or Busi	ess emens, Mich.
The Gress Davi	(No. and Street)  the name of the initial residence name(s) and address(es)  the name(s) and address(es)  Name  Stapels  cory Stapels  d Stapels	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Addressidence or Busi	ess emens, Mich.
The Gress Davi	(No. and Street)  the name of the initial residence name(s) and address(es)  the name(s) and address(es)  Name  Stapels  cory Stapels  d Stapels	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Addressidence or Busi	ess emens, Mich.
The Gress Davi	(No. and Street)  the name of the initial residence name(s) and address(es)  the name(s) and address(es)  Name  Stapels  cory Stapels  d Stapels	ARTICLE VI.  of the incorporator(s) are as follows:  Residence or Business Addressidence or Busi	ess emens, Mich.

#### ARTICLE VII.

OPTIONAL (Delete Article VII if not applicable.)

When a compromise or arrangement or a plan of reorganization of this corporation is proposed between this corporation and its creditors or any class of them or between this corporation and its shareholders or any class of them, a court of equity jurisdiction within the state, on application of this corporation or of a creditor or shareholder thereof, or on application of a receiver appointed for the corporation, may order a meeting of the creditors or class of creditors or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or reorganization, to be summoned in such manner as the court directs. If a majority in number representing 3/4 in value of the creditors or class of creditors, or of the shareholders or class of shareholders to be affected by the proposed compromise or arrangement or a reorganization, agree to a compromise or arrangement or a reorganization of this corporation as a consequence of the compromise or arrangement, the compromise or arrangement and the reorganization, if sanctioned by the court to which the application has been made, shall be binding on all the creditors or class of creditors, or on all the shareholders or class of shareholders and also on this corporation.

#### ARTICLE VIII.

(Here insert any desired additional provisions authorized by the Act)

The Business and all the powers shall be managed directly by
the shareholder.

#### ARTICLE IX.

Any action required or permitted by law to be taken at an annual or special meeting of shareholders may be taken without a meeting, without prior notice and without a vote, if a consent in writing, setting forth the action to taken, is signed by the holders of the outstanding stock having not less than the minimum number of votes that would be necessary to otherize or take the action at a meeting of which all shares entitled to vote thereon were present and voted. Prompt notice of the taking of the corporate action without a meeting by less than unanimous written consent shall be given to all share holders who have not consented in writing.

(We), the incorporator(s), sign my (our) r	name(s) this 232 day of SEPTEABER, 19.75
Lugary Stapes	x Mark Stands
Mudifically	Mark Stapels
David Stableis	
	(See Instructions on Reverse Side)

(Please do not write in spaces below - for Department use)

Date Received		
SEF 2 9 1975		
,	FILED Michigan Department of Commerce	
	OCT -1 1975	
	Believe M. H. Swelf Director	1
	• •	

C-6 5-10!

#### INFORMATION AND INSTRUCTIONS

Articles of Incorporation - Profit Domestic Corporations

- 1. Article I—The corporate name of a domestic profit corporate, is required to contain the of the following words for abbreviations: "Corporation", "Company", Incorporated", "Limited", "Corp.", "Co.", Thin on "Litil"
- Article II may state; in general terms, the character of the particular business to be carried or. Under section 202(b), of the law, it is a sufficient compliance to state substantially, alone or with specifically immented perpases, that the corporation may energie in any activity within the purposes for which computation may be experient unity. The Business Corporation Act. The law requires, however, that educational corporations must state their specific purposes.

  3. Articles III and IV The law requires the incorporators of a demonstic corporation having chares inthing the amount of consideration proposed to be received for each shore which shall be allocated to stated capital.
- capital
- 4. Article VI The law requires one or more incorporators.

  The addresses should include a street number and name (or other designation), in addition to the name of the city and
- 5. The duration of the corporation should be stated in the Articles only if the duration is not perpetual.
- The Articles must be signed in ink by each incorporator. The names of the incorporators as set out in Article VI should correspond with the signatures.
- One original copy of the Articles is required. A true copy will be prepared by the Corporation and Securities Bureau
  and returned to the person submitting the Articles for filling.
- 8. An effective date, not later than 90 days subsequent to the date of filing, may be stated in the Articles of Incorporation.
- 9. FEES: Filing Fee \$19.00
  Franchise Fee % will on each dollar of authorized capital stock, with a minimum franchise fee of \$23.00 (Make fee payable to State of Michigan)
- 10. Mail Articles of Incorporation and fees to:

Michigan Department of Commerce Corporation and Securities Bureau Corporation Division P. O. Drawer C Lansing, Michigan 48904



# CORPORATION INFORMATION UPDATE 1999

		FOR BURE	AU USE ONLY			<u> </u>		
143844		RTMENT OF CONSU SECURITIES AND L	JMER AND INDUS	TRY SERVICE	≅s			**
DENTIFICATION NUMBER	LANSING MI 4890	19-8202	• • • • • • • • • • • • • • • • • • • •					Orps Avofit Armual Report
orporate Name and Mailing A	ddress							es ™
BROTHERS 1	NDUSTRIES, INC	•	FLED BY DE		05/04/1999 CSRLKELD Frans 01:360955			enų,
	STRIAL DRIVE		- BY DE	PADE.	್ಷ ಜ್ಞ		6	<b>₹</b>
MADISON H	IGHTS MI 4807	1,	As a.	MENT	. <u>86</u> 5		23790 Total\$15.00	ofi
		•	MAY 13	<b>7</b> 0 -	% ₹	43844	8 🚆	<u></u>
				1499	8.2	143	S to	ğ. Çı
								*
egistered Office Address in Mi 32471 INDUSTRIA		CITY, ZIP	Resident Ager	nt Y STAPELS	·		>:	
MADISON HEIGHTS		3071	GREGOR:	. wastelle				
		<del></del>						
	······································							
here are changes fron	your previous fili	na, vou must co	mplete items 1	through 5				
Mailing address of register				2. Resident		erent	than ab	ove
·		÷						
		•						
	·		f					
Address of registered office	e if different than prepr	inted information ab	ove - NO., STREE	T, CITY, ZIP				
Address of registered office	e if different than prepr	inted information ab	ove - NO., STREE	T, CITY, ZIP				
-			·	T, CITY, ZIP				
Address of registered office			·	T, CITY, ZIP				
-			·	T, CITY, ZIP				
-			·	T, CITY, ZIP				
-		n which the corpora	·		S OR RESI	DENC	₽ ADD	1FSS
Describe the general nature	and kind of business i	n which the corpore	·		S OR RESI			
Describe the general nature	and kind of business in an and kind of business in an	NAME	·		324	71	טעא/	STRIAL DE
Describe the general nature	and kind of business in a second control of business in a seco	NAME USECK Y STAPELS	ation is engaged:	BUSINES	324	71	טעא/	
President (Required) CHI PRES	and kind of business in a second seco	NAME USECK Y STAPELS D. STAPELS	·	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHI  Vice President (Required) CFO  Secretary (Required) CFO	and kind of business in a control of business	NAME USECK Y STAPELS D. STAPELS	ation is engaged:	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHI PRESIDENT (Required) CHI PRESIDENT (Required) CFO ASST	and kind of business in a second control of business in a seco	NAME USECK Y STAPELS D. STAPELS NIS BECK	ation is engaged:	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHI Vice President (Required) CFO  Secretary (Required) CFO  ASST  Freesore (Required)	and kind of business and kind	NAME USECK Y STAPELS D. STAPELS NIS BECK	DAVID BU	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHI PRESIDENT (Required) CHI PRESIDENT (Required) CFO ASST Pressorer (Required) ASST Director	AIRMAN KURT BEIDENT GREGOR MARK W. DE SEC MICHAEL E SEC EUNU CHUN	NAME USECK Y STAPELS D. STAPELS NIS BECK	DAVID BU	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHO PRESIDENT Secretary (Required) CFO ASST Pressorer (Required) ASST ASST ASST ASST ASST ASST ASST ASS	AIRMAN KURT BEIDENT GREGOR MARK W. DE SEC MICHAEL E SEC EUNU CHUN	NAME USECK Y STAPELS D. STAPELS NIS BECK	DAVID BU	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHI PRESIDENT (Required) CFO  Vice President (Required) CFO  ASST  Freesorer (Required)	AIRMAN KURT B EIDENT GREGOR MARK W. DE SEC MICHAEL E SEC FUNU CHUN HAEL KEYW	NAME USECK Y STAPELS D. STAPELS NIS BECK	DAVID BU	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHI  Vice President (Pequired) CFO  Vice President (Pequired) CFO  ASST  Pressorer (Pequired)  Freesorer (Pequired)	AIRMAN KURT BEIDENT GREGOR MARK W. DE SEC MICHAEL E SEC EUNU CHUN	NAME USECK Y STAPELS D. STAPELS NIS BECK	DAVID BU	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHI PRESIDENT (Required) CHI PRESIDENT (Required) CFO ASST Pressorer (Required) Frestorer (Re	AIRMAN KURT B EIDENT GREGOR MARK SEC MICHAEL E SEC FUNU CHUN HAEZ KEYW	NAME USECK Y STAPELS D. STAPELS NIS BECK	DAVID BU	BUSINES SECK	324	71	טעא/	STRIAL DE
President (Required) CHI PRESIDENT (Required) CHI PRESIDENT (Required) CFO ASST PRESIDENT (Required) CFO IN ASST PRESIDENT (Required) FIGURE (RECORD Director CONTROL (RECORD DIRECTOR (RECORD DI	AIRMAN KURT BEDEFINE GREGOR MARK SEC MICHAEL E SEC EUNU CHUN HAEZ KEYW SECK Y STAPELS	NAME USECK Y STAPELS D. STAPELS NIS BECK KRYWKO	DAVID BUS	BUSINES SECK ELL-ICANO	324 MA	7/ Diso	INDU F	STRIAL DE
President (Required) CHI PRESIDENT (Required) CFO  Vice President (Required) CFO  ASST  Freesorer (Required)	AIRMAN KURT BEDEFINE GREGOR MARK SEC MICHAEL E SEC EUNU CHUN HAEZ KEYW ISECK Y STAPELS At the address of its re	NAME USECK Y STAPELS D. STAPELS NIS BECK KRYWKO	DAVID BUS MARTIN PI	BUSINES SECK ELL-ICANO	32Y MA	7/ Dr.so	O made	payable to the
President (Required) CHI PRESIDENT (Required) CHI PRESIDENT (Required) CFO ASST Pressorer (Required) Fressorer (Re	AIRMAN KURT BEIDENT GRECOR MARK W. DE SEC MICHAEL E SEC FINU CHUN HAEZ KEY STAPELS  At the address of its real. Any changes were	NAME USECK Y STAPELS D. STAPELS NIS BECK KRYWKO	DAVID BUS MARTIN PI	BUSINES SECK ELL-ICANO	32Y MA  Enclose \$ State of M	7/ Dr.so	O made	payable to the
President (Required) CHI PRESIDENT (Required) CHI PRESIDENT (Required) CFO ASST Freesorer (Required) Freesorer (Re	AIRMAN KURT BEIDENT GRECOR MARK SEC MICHAEL E SEC FUNU CHUN HAEL KRYW ISECK Y STAPELS  At the address of its real. Any changes were	NAME USECK Y STAPELS D. STAPELS NIS BECK KRYWKO	DAVID BUS MARTIN PI	BUSINES SECK ELL-ICANO	Enclose State of Nobe filed on	7/ Dr.So 515.00 flichig	0 made	payable to the his report must May 15
President (Required) CHI PRESIDENT (Required) CHI PRESIDENT (Required) CFO ASST Freezorer (Required) FO MIC Director GRECOR Director CARECOR Director GRECOR Director The corporation states the resident agent are identic by its board of directors.	AIRMAN KURT BEIDENT GRECOR MARK  SEC MICHAEL E SEC FUNU CHUN HAEZ KEYW  SECK  STAPELS  At the address of its real. Any changes were	NAME USECK Y STAPELS D. STAPELS NIS BECK . KRYWKO	DAVID BUS MARTIN PI	BUSINES SECK ELLICANO	Enclose State of Nobe filed on	DISO DISO B15.00 Michigan or k	D made gan. Tipefore	payable to the his report must

# BCS/CD-2500 (01/02) MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION 2002 PROFIT CORPORATION INFORMATION UPDATE



		FOR BUREAU USE ONLY	
Identification Number	Corporation name BROTHERS INDUST	TRIES, INC.	THEN BY DEPORTMENT
Resident agent name and malli	ng address of the registered of	ffice	The second second
-GREGORY	STAPELS	LAUNENCE JANNE	*
32471 INDU	STRIAL DRIVE		Tran:2 7097592-1 06/06/02
MADISON F	IEIGHTS MI 48071		Chk#: 26058 \$15.00
m. • • • • • •			
The address of the registered of	flice		
32471 INDUSTRIA MADISON HEIGH			
1. Mailing address of registered	d office in Michigan (may be a	P.O. Box)	2. Resident Agent
			LAWRENCE JANNESS
		x may not be designated as the add	
	and kind of business in which		
4. Describe the general nature  MANUFACTURI	and kind of business in which	the corporation is engaged:	
4. Describe the general nature  MANUTACTURI  5.  President (Required)  LAWRENCE: JA	and kind of business in which	the corporation is engaged:	ress of the registered office)
4. Describe the general nature  MANUFACTURI  5.  President (Required)  LAURENCE: JA  Secretary (Required)	and kind of business in which  G  NAME  NAME	the corporation is engaged:	ress of the registered office)  OR RESIDENCE ADDRESS
6. Describe the general nature  MANUFACTURI  6. President (Required)  LAWRENCE JA  Secretary (Required)  MICHAEZ Kry  ressurer (Required)	and kind of business in which	the corporation is engaged:	ress of the registered office)  OR RESIDENCE ADDRESS
6. Describe the general nature  MANUTACTURI  6. President (Required)  LAWRENCE JA  Secretary (Required)  MICHAEZ KRY  FROM President  MICHAEZ KRY  FROM President	and kind of business in which  WG  NAME  WYESS  WKO	the corporation is engaged:	ress of the registered office)  OR RESIDENCE ADDRESS
4. Describe the general nature  MANUTACTURI  5. President (Required)  LAWRENCE JA  Secretary (Required)  MICHAEZ KRY  TRESUMENT (Required)  MICHAEZ KRY  REPRESIDENT  RICHARD ENGERHA	and kind of business in which  WG  NAME  WAESS  WKO  WKO	the corporation is engaged:	ress of the registered office)  OR RESIDENCE ADDRESS
4. Describe the general nature  MANUFACTURI  5.  President (Required)  LAURETYCE JA  Secretary (Required)  MICHAEZ KRY  free President  RICHARD ENGERH  Stractor LAUREN OF	and kind of business in which  WG  NAME  NAESS  WKO  WKO  92.DT	the corporation is engaged:	ress of the registered office)  OR RESIDENCE ADDRESS
4. Describe the general nature  MANUFACTURI  5.  President (Required)  LAURETYCE JA  Secretary (Required)  MICHAEZ KRY  Frestrer (Required)  MICHAEZ KRY  Frestrer (Required)  LICHAEZ KRY  Secretary (Required)  MICHAEZ KRY  Secretary (Required)  LICHAEZ KRY  Secretary (Required)  Secretary (Required)  LICHAEZ KRY  Secretary STAPEZ  Siretor LAURENAE  SIRESORY STAPEZ  Siretor CHARLES SH	and kind of business in which  WG  NAME  NAESS  WKO  WKO  TOWESS	the corporation is engaged:	ress of the registered office)  OR RESIDENCE ADDRESS
4. Describe the general nature  MANUFACTURI  5.  President (Required)  LAURENCE JA  Becrelery (Required)  MICHAEZ KRY  Frester (Required)  MICHAEZ KRY  Frester (Required)  FICHAEZ KRY  Frester (Required)  FICHAEZ KRY  Frester LAURENCE  GREGORY STAPEL  DIVIGLAS MARK	and kind of business in which  WG  NAME  NAESS  WKO  WKO  MANESS  SERBOER.	the corporation is engaged:	ress of the registered office)  OR RESIDENCE ADDRESS
MANUFACTURI  MANUFACTURI  MANUFACTURI  MENORMAN  MENORMAN  MICHAEZ KRY   and kind of business in which  WG  NAME  NAESS  WKO  WKO  MANESS  SERBOER.	the corporation is engaged:	ress of the registered office)  OR RESIDENCE ADDRESS	
4. Describe the general nature  MANUFACTURI  5.  Syeddeni (Raquired)  LAWRENCE JA  Secretary (Required)  MICHAEZ KRY  Frester (Required)  MICHAEZ KRY  President  AURENAE  Stactor LAWRENAE  STAPEZ  STAPEZ  STAPEZ  DOUGLAS MARK  Rector SCOTT BECKE	ind kind of business in which  WA  NAME  WATE  WAO  WAO  WAO  WAO  WAO  WAO  WAO  WA	the corporation is engaged:  BUSINESS  BUSINESS	gan. This report must be filed on or before ner & industry Services
4. Describe the general nature  MANUFACTURI  6.  President (Required)  MICHAEZ KRY  President (Required)  MICHAEZ KRY  President (Required)  Michael KRY  President  ALLE OFFE  Director LAMENAE  GREGORY STAPEZ  Director CHARLES SH  Director SCOTT BECKE  6. The filing fee is \$15.00. Ples	ind kind of business in which  WA  NAME  WAME  WAO  WAO  WAO  WAO  WAO  WAO  WAO  WA	y order payable to the State of Michigan Department of Consusure of Commercial Services P.O. Box 30481 Lansing, MI 48909-7981 (517) 241-6470	gan. This report must be filed on or before ner & industry Services



# BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION 2001 PROFIT CORPORATION INFORMATION UPDATE

BCS/CD-2500 (12/00)

143844 Corporation name BROTHERS INDUSTRIES, INC.			
143844	FILED BY DEPARTMENT		
ident agent name and mailing address of the registered office	- 0004		
ident agent name and mailing address of the registered office	gun 2 2 2001		
GREGORY STAPELS			
32471 INDUSTRIAL DRIVE	a de la companya de		
MADISON HEIGHTS MI 48071	CONC.		
	그 사람이 사람이 가장 하는 것이 되었다.		
	<u> 2</u> 불위인		
address of the registered office	₹ SYCS		
32471 INDUSTRIAL DRIVE	(CS		
MADISON HEIGHTS MI 48071			
Malling address of registered office in Michigan (may be a P.O. Box)	2. Resident Agent		
	SAME		
he address of the registered office in Michigan (a P.O. Box may not be designated as the			
Describe the general nature and kind of business in which the corporation is engaged:			
Srme			
NAME BUSINESS OR	RESIDENCE ADDRESS		
dont (Required) SEE ATTAGHED			
etary (Required)			
surer (Required)			
President			
or .			
or .			
or or			
or or			
President for tor tor  The filing fee is \$15.00. Please make your check or money order payable to the State of Marketing fee is \$15.00.	lichigan. This report must be filed on or before		
the filing fee is \$15.00. Please make your check or money order payable to the State of Nay 15, 2001. Return this signed report with fee to:  Michigan Department of Consumer	& Industry Services		
he filing fee is \$15.00. Please make your check or money order payable to the State of Nay 15, 2001. Return this signed report with fee to:  Michigan Department of Consumer Bureau of Commercial Services, Co	& Industry Services		
the filing fee is \$15.00. Please make your check or money order payable to the State of Nay 15, 2001. Return this signed report with fee to:  Michigan Department of Consumer Bureau of Commercial Services, Co. P.O. Box 30481 Lansing, MI 48909-7981	& Industry Services		
the filing fee is \$15.00. Please make your check or money order payable to the State of Nay 15, 2001. Return this signed report with fee to:  Michigan Department of Consumer Bureau of Commercial Services, Co. P.O. Box 30481	& Industry Services		





Makers of tools, fixtures, details, and assemblies

Mark Stapels

Partner mark@stapelsmfg.com Quotes: sales@stapelsmfg.com 2612 Elliott Troy, MI 48083 Ph 248-577-5570 Fax 248-577-5571